

This form "Meets the requirements of F.M.C.S.R. 49 CFR 396 Appendix G as required by the U.S. Department of Transportation."

Does the unit have the "Professional Driver" decal attached to the rear of trailer / straight truck Yes No
 U.S. DOT No. 125550 decal Yes No

Initial April 15
 Oct. 15

VEHICLE INSPECTION REPORT



Please See instruction On Reverse Side

	AVL UNIT#	MAKE	SERIAL NUMBER	YEAR	BASE PLATE	LICENSE NO.	LENGTH
TRACTOR							
TRAILER							
STRAIGHT TRUCK							

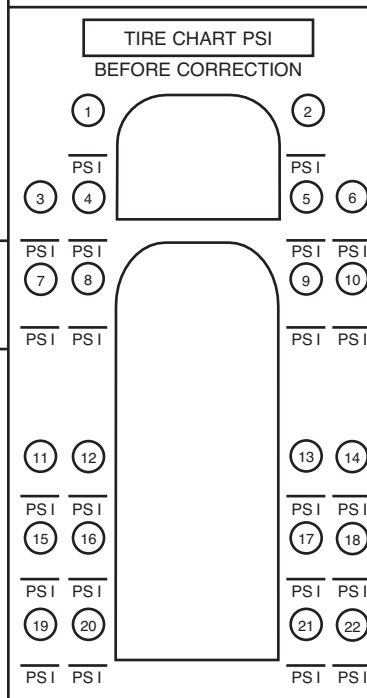
Agent _____ Agency Code _____ Odometer/Hubometer Mileage _____

Drivers Name _____ Driver Code _____

TRUCK CHASSIS or TRACTOR	TRUCK BODY or TRAILER	EMERGENCY EQUIPMENT
O.K. Needs Repair _____ <input type="checkbox"/> Engine <input type="checkbox"/> Manifold <input type="checkbox"/> Exhaust System (Muffler) <input type="checkbox"/> BRAKES % LINING REMAINING FROM RIVETS <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air/Vacuum Lines <input type="checkbox"/> Low Air/Vacuum Device <input type="checkbox"/> Air Pressure <input type="checkbox"/> Breakaway Valve <input type="checkbox"/> Light Cord to Van <input type="checkbox"/> Steering <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Horn (City & Air) <input type="checkbox"/> Lights & Reflectors	O.K. Needs Repair _____ <input type="checkbox"/> BRAKES % LINING REMAINING FROM RIVETS <input type="checkbox"/> Airlines from Glad hands to Chambers <input type="checkbox"/> Wheels & Axles <input type="checkbox"/> Mud Flaps <input type="checkbox"/> Lights & Reflectors <input type="checkbox"/> Landing Supports <input type="checkbox"/> { Springs, Hangers, etc. Air Ride System <input type="checkbox"/> Frame <input type="checkbox"/> Body Panels (Inside & Outside) <input type="checkbox"/> Doors <input type="checkbox"/> Roof <input type="checkbox"/> Lubrication Last Date _____ <input type="checkbox"/> Kingpin <input type="checkbox"/> Reefer Fuel or Oil Leaks <input type="checkbox"/> Reflective Tape on Sides & Rear (Only Applies to Trailers)	O.K. Needs Repair _____ <input type="checkbox"/> Fire Extinguisher, mounted <input type="checkbox"/> Flares, Flags, Fusees <input type="checkbox"/> Spare Fuses/Breakers <input type="checkbox"/> 3 Reflective Triangles

TIRES	No. Tires:	Tractor	Trailer	Truck	Refer to chart at right for tire number
	Tire Size:	Tractor	Trailer	Truck	
	Tire Ply:	Tractor	Trailer	Truck	

O.K. Needs Replacement	O.K. Needs Replacement	O.K. Needs Replacement
<input type="checkbox"/> 1 Depth _____ /32	<input type="checkbox"/> 9 Depth _____ /32	<input type="checkbox"/> 17 Depth _____ /32
<input type="checkbox"/> 2 Depth _____ /32	<input type="checkbox"/> 10 Depth _____ /32	<input type="checkbox"/> 18 Depth _____ /32
<input type="checkbox"/> 3 Depth _____ /32	<input type="checkbox"/> 11 Depth _____ /32	<input type="checkbox"/> 19 Depth _____ /32
<input type="checkbox"/> 4 Depth _____ /32	<input type="checkbox"/> 12 Depth _____ /32	<input type="checkbox"/> 20 Depth _____ /32
<input type="checkbox"/> 5 Depth _____ /32	<input type="checkbox"/> 13 Depth _____ /32	<input type="checkbox"/> 21 Depth _____ /32
<input type="checkbox"/> 6 Depth _____ /32	<input type="checkbox"/> 14 Depth _____ /32	<input type="checkbox"/> 22 Depth _____ /32
<input type="checkbox"/> 7 Depth _____ /32	<input type="checkbox"/> 15 Depth _____ /32	
<input type="checkbox"/> 8 Depth _____ /32	<input type="checkbox"/> 16 Depth _____ /32	



LIST ALL ITEMS CHECKED "Need Repair" and DESCRIBE DEFECT	CORRECTED	
	YES	NO

DO NOT CERTIFY UNIT UNTIL REPAIRS ARE MADE
ATTACH COPY OF INVOICE FOR REPAIRS TO ATLAS' ORIGINAL OF THIS FORM

Date of Inspection _____ Shop Code _____

I CERTIFY THAT I AM QUALIFIED TO INSPECT AND HAVE INSPECTED THE ABOVE UNITS IN ACCORDANCE WITH FMCSR 49CFR 396 APPENDIX G AND FIND THESE UNITS IN COMPLIANCE.

Signature of Inspector _____ Inspector Name (Printed) _____

Name of Inspection Station _____

Address _____

City-State-Zip _____

Phone _____

Mechanic Code _____

A.V.L. P.O. OR INVOICE NUMBER _____

MOST COMMONLY OMITTED ITEMS

- Base Plate and license number of vehicle.
- Odometer reading.
- Percentage of brake lining.
- All items individually checked.
- Lubrication date.
- Emergency Equipment section completed.
- Number, size and ply of tires.
- Individual tread depth on all tires, including tires marked “new”, also all tires must be individually checked “ok” or “needs replacement.”
- List all items that need repairs and whether they were corrected at time of inspection.
- Send copies of repair invoices or purchase orders on all repairs made to units.
- Date inspection performed.
- Signature of Certifying Representative.
- Name and address of inspecting station.
- Name of driver assigned to unit at the time of the inspection.